

**BOARD OF BAR EXAMINERS  
OF THE DELAWARE SUPREME COURT**

The Renaissance Centre  
405 North King Street, Suite 420  
Wilmington, DE 19801  
(302) 651-3940 (ph)  
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## **APPLICATION FOR TESTING ACCOMMODATIONS**

### **NOTICE TO APPLICANT**

The Board of Bar Examiners ("Board") does not consider this Application for Testing Accommodations ("Application") to be complete until all required forms and information have been submitted in the proper format, and will not process or review the Application until it is complete. A complete Application must be received by the Board, and shall be deemed filed with the Board, only if it is filed by no later than April 1 of the year in which the applicant seeks to take the examination. If the disability for which an applicant is seeking accommodations existed more than fifteen (15) days prior to the final filing deadline, this deadline will not be extended for any reason. Applicants may file an Application on an emergency basis after the final filing deadline only if the disability for which the applicant is seeking accommodations is based on an injury or impairment acquired after the final filing deadline or within fifteen (15) days prior to the final filing deadline. The Board **STRONGLY** encourages you to begin making the necessary arrangements well in advance of the final filing deadline, in order to ensure that there is sufficient time before the Delaware Bar Examination ("Bar Exam") for the Board to review and process your Application and for you to be able to avail yourself of administrative remedies should you believe it necessary to do so.

**IN ACCORDANCE WITH BOARD RULE 15(B), WHEN FILED, THE APPLICATION MUST CONTAIN ALL INFORMATION AND SUPPORTING DOCUMENTATION UPON WHICH THE APPLICANT WILL RELY IN SUPPORT OF THE ACCOMMODATION REQUESTED. THE BOARD SHALL NOT THEREAFTER ACCEPT OR CONSIDER ANY ADDITIONAL ORAL OR WRITTEN INFORMATION OR DOCUMENTATION IN SUPPORT OF THE ACCOMMODATION REQUESTED, EXCEPT AS PROVIDED BY RULE 15(c), d(i) and d(ii).**

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**DO NOT FILE THIS APPLICATION** if you are only requesting permission to bring with you into the examination room a medical assistive item or device that is not explicitly permitted by the Board's testing security policies (such as diabetic supplies, a lumbar support, a lactation pump, or prescription medication), and/or you are requesting special seating because of a medical condition. **FOR SUCH REQUESTS, YOU ONLY NEED TO FILE A REQUEST FOR ADMINISTRATIVE ACCOMMODATIONS.**

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## BACKGROUND INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you previously taken the Delaware Bar Exam?

Yes

No

If yes, list the year of each such examination, and state whether you requested and received testing accommodations for that examination:

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## DISABILITY STATUS

For which type(s) of disability are you requesting accommodations?

Physical (Non-Visual)/Auditory – You must complete Form A

Visual – You must complete Form B

Learning – You must complete Form C

Attention Deficit Hyperactivity Disorder (ADHD) – You must complete Form D

Psychiatric – You must complete Form E

Other (describe): \_\_\_\_\_

For each disability identified, answer the following questions. Attach additional pages if necessary.

1. What is the nature and extent of your disability, how does it affect your daily life, and what are the functional limitations related to your disability that directly affect your ability to take the Bar Exam?


2. **Who was the qualified professional (name, occupation, and specialty) who first diagnosed your disability?**

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3. **When was the disability first diagnosed by a qualified professional?**

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4. **Are you currently being treated for your disability?**

Yes

No

If yes, provide the name, qualifications, and contact information of your current treating professional(s). If no, explain why you are not.

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5. **What form(s) of treatment are you currently receiving (such as therapy, medication, assistive devices, auxiliary aids, and/or personal strategies)?**

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6. **Are you following the treatment as prescribed?**

Yes

No

If yes, describe the treatment's effectiveness in reducing or controlling your symptoms and the functional limitations related to your disability. If no, explain why you are not.

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## **PAST ACCOMMODATIONS**

1. **Did you request testing accommodations for bar examinations you have taken in other jurisdictions?**

Yes

No

I have not taken a bar examination in another jurisdiction

**If yes, in which jurisdiction(s) did you request testing accommodations?**

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For each jurisdiction you listed above, answer the following questions and submit a completed Bar Examination Accommodation Verification (Form F). The form must be signed by an authorized official with the bar admission entity with responsibility for administering the bar examination in each such jurisdiction and the completed form must be submitted with this application.

**For what disability or impairment did you request testing accommodations?**

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**What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.**

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**2. Did you request testing accommodations for the Multistate Professional Responsibility Examination (MPRE)?**

Yes

No

If yes, then for each administration of the MPRE you have taken, attach a copy of the letter you received from the National Conference of Bar Examiners (NCBE) with the results of your request for testing accommodations.

**For what disability or impairment did you request testing accommodations?**

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**What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.**

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**3. Did you request testing accommodations in law school?**

Yes

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If yes, then for each law school you attended answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized law school representative, and the completed form must be submitted with this application.

**For what disability or impairment did you request testing accommodations?**

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**What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.**

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**4. Did you request testing accommodations for the Law School Admission Test (LSAT)?**

Yes

No

If yes, then for each administration of the LSAT you have taken, attach a copy of the letter you received from the Law School Admission Council (LSAC) with the results of your request for testing accommodations.

**For what disability or impairment did you request testing accommodations?**

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**What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.**

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- 5. Did you request testing accommodations during college (whether as an undergraduate or graduate student, or both)?**

Yes  
No

If yes, then for each college you attended as an undergraduate or graduate student, answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized representative of the college, and the completed form must be submitted with this application.

**For what disability or impairment did you request testing accommodations?**

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**What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.**

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**6. Did you request testing accommodations during high school?**

Yes  
No

If yes, then for each high school you attended, answer the following questions and submit a completed Educational Institution Accommodation Verification (Form G). The form must be signed by an authorized representative of the high school, and the completed form must be submitted with this application.

**For what disability or impairment did you request testing accommodations?**

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**What accommodations did you receive? If the accommodations you received were fewer than and/or different from the accommodations you requested, note this and explain why. If you received no accommodations because your request for accommodations was denied, note this and explain why.**

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## ACCOMMODATIONS REQUESTED

### Examination Format

Large Print – please specify font size \_\_\_\_\_

Other (describe): \_\_\_\_\_

### Physical Assistance

Reader; screen reader

Typist or voice recognition computer for essays

Other (describe): \_\_\_\_\_

**Note:** The specific individual(s) who will serve as reader or typist (or other role as described) must be approved by the Board. Include with your Application a résumé and detailed background information for the individual(s) you propose to have serve as your reader or typist (or other role as described), and the same information for at least one alternate. The proposed individual(s) and alternate(s) cannot have any legal education, training, or background, and cannot be affiliated with or employed in the legal field or by a law-related organization.

### Extended Time

Specify the amount of additional time requested for each session of the examination. Indicate why the additional specified time is needed (based on the diagnostic evaluation) and the rationale for recommending the amount of time for each portion of the examination. Breaks are included in the timed portion of the examination. The Board does not grant requests for unlimited time.

#### Essays

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time 10% 25%

Requested: 50

Other: \_\_\_\_\_

Rationale:

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**Multistate Practice Test**

Standard Length: One half day, consisting of one 3-hour session

Extended Time      10%      25%  
Requested:      50%  
Other: \_\_\_\_\_

Rationale:

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**Multistate Bar Examination**

Standard Length: One full day, consisting of two 3-hour sessions

Extended Time      10%      25%  
Requested:      50%  
Other: \_\_\_\_\_

Rationale:

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**Test Environment**

Identify the accommodation(s) to the test environment needed and the reason why based on an submitted medical or diagnostic evaluation.

Orthopedic/Mobility Needs

Small Group

Private Room

Other: \_\_\_\_\_

Rationale:

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## **CERTIFICATION AND AUTHORIZATION**

I CERTIFY that I understand that:

- This Application is not complete unless it includes all necessary forms and all documents substantiating and supporting the request for accommodations, and that it is my responsibility to ensure that this Application is complete.
- The Board is authorized to seek assistance from qualified professionals with regard to my request for testing accommodations, and that any qualified professionals retained by the Board will need to review the information in my complete Application in order to give such assistance to the Board.
- In order for the Board to review and process my Application it may be necessary or appropriate for the Board to contact the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application.
- If I falsify or willfully omit any information in this Application, I may prejudice my examination results, be denied admission to the Bar of the Supreme Court of the State of Delaware, and affect my subsequent good standing as a member of that Bar, and I may be subjected to such penalties as provided by law.
- I have a continuing obligation to provide truthful and correct information to the Board with regard to this Application, my Application for Admission to the Delaware Bar, and any other information provided to the Board in connection with my admission to the Bar.

I AUTHORIZE and CONSENT to the Board disclosing my Application, or information contained therein, to medical, psychiatric, or other qualified professionals retained by the Board to assist the Board in its review of my Application.

I AUTHORIZE and CONSENT to the Board contacting the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application.

I AUTHORIZE and CONSENT to the diagnostician(s) or licensed professional(s) who diagnosed my disability, or who provided a disability verification form or medical opinion upon which I am relying with respect to this Application, releasing and disclosing all relevant information to the Board, and I WAIVE any applicable privilege, such as physician/patient or psychotherapist/patient, to the extent necessary to permit such diagnostician(s) or licensed professional(s) to provide all relevant information to the Board.

I RELEASE, DISCHARGE, AND EXONERATE (i) the Board of Bar Examiners of the Delaware Supreme Court and its agents and representatives, and (ii) diagnostician(s) or qualified professional(s) and their agents and representatives furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspections of

any documents, records and other information, or out of the investigation made by the Board of Bar Examiners of the Delaware Supreme Court.

I DECLARE under penalty of perjury under the Laws of the State of Delaware that all of the information in this Application is true and correct to the best of my knowledge and belief.

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Date

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Signature